

Report
of the
Examination of
Network Health Plan
Menasha, Wisconsin
As of December 31, 2002

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State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Jim Doyle, Governor
Jorge Gomez, Commissioner

Wisconsin.gov

November 21, 2003

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Honorable Jorge Gomez
Commissioner of Insurance
Madison, Wisconsin

Commissioner:

In accordance with your instructions, a compliance examination has been made of
the affairs and financial condition of:

NETWORK HEALTH PLAN
MENASHA, WISCONSIN

and this report is respectfully submitted.

I. INTRODUCTION

The previous examination of Network Health Plan was conducted in 2000 as of
December 31, 1999. The current examination covered the intervening period ending
December 31, 2002, and included a review of such 2003 transactions as deemed necessary to
complete the examination.

The examination consisted of a review of all major phases of the HMO's operations,
and included the following areas:

- History
- Management and Control
- Corporate Records
- Conflict of Interest
- Fidelity Bonds and Other Insurance
- Provider Contracts
- Territory and Plan of Operations
- Affiliated Companies
- Growth of the HMO
- Reinsurance
- Financial Statements
- Accounts and Records
- Data Processing

Emphasis was placed on the audit of those areas of the HMO's operations accorded a high priority by the examiner-in-charge when planning the examination. Special attention was given to the action taken by the HMO to satisfy the recommendations and comments made in the previous examination report.

The section of this report titled "Summary of Examination Results" contains comments and elaboration on those areas where adverse findings were noted or where unusual situations existed. Comments on the remaining areas of the HMO's operations are contained in the examination work papers.

The HMO is annually audited by an independent public accounting firm as prescribed by s. Ins 50.05, Wis. Adm. Code. An integral part of this compliance examination was the review of the independent accountant's work papers. Based on the results of the review of these work papers, alternative or additional examination steps deemed necessary for the completion of this examination were performed. The examination work papers contain documentation with respect to the alternative or additional examination steps performed during the course of the examination.

II. HISTORY AND PLAN OF OPERATION

Network Health Plan (NHP or the Plan) is a for-profit network model health maintenance organization (HMO) insurer. A health maintenance organization is defined by s. 609.01 (2), Wis. Stat., as "a health care plan offered by an organization established under ch. 185, 611, 613, or 614, or issued a certificate of authority under ch. 618, that makes available to its enrolled participants, in consideration for predetermined fixed payments, comprehensive health care services performed by providers selected by the organization." Under the network model, NHP provides care through contracts with clinics and other independent practitioners operating out of separate offices. The major product lines for the insurer are a network model closed-panel HMO and a point of service (POS) plan.

NHP was incorporated on September 30, 1982, and commenced business on April 1, 1983, as a not-for-profit HMO. As of December 31, 1986, NHP was reincorporated as a for-profit HMO. Effective October 31, 1995, the company received an amended certificate of authority as an indemnity insurer. NHP is owned by Network Health System, Inc. (NHS). On September 1, 1998, Affinity Health System (AHS) acquired the common and preferred stock of NHS. AHS is co-sponsored by Wheaton Franciscan Services, Inc., and Ministry Health Care, Inc. Effective December 6, 2001, the company received an amended certificate of authority as an HMO. Also in 2001, NHP established Network Health Insurance Corporation (NHIC) as a wholly owned subsidiary that provides indemnity health insurance coverage to NHP's POS members.

According to its business plan, the NHP's service area is comprised of the counties of Brown, Calumet, Dodge, Fond du Lac, Green Lake, Manitowoc, Marquette, Outagamie, Portage, Shawano, Sheboygan, Waupaca, Waushara, and Winnebago. The principal service area of the company is the Fox Valley region. NHP has 332 contracted primary care practitioners and 508 contracted specialist practitioners. For all HMO and POS products, NHP requires an enrollee to choose a primary care practitioner to direct the member's care. Thus, an NHP/HMO member's primary care practitioner is responsible for the member's care. If the member's primary care practitioner feels that specialty care is needed, he or she may refer the member to a contracted

specialist. NHP does not require a referral from a primary care practitioner to OB/GYN practitioners, chiropractors, mental health practitioners, and ophthalmologists or optometrists (for routine eye exams only).

NHP's primary provider contract is with its direct parent Network Health System (also referred to as Affinity Medical Group). The agreement defines Affinity Medical Group to include all its subsidiaries, including all "employed and contracted health care professionals, employees, agents, assigns, and subcontractors, who are professional service corporations, licensed health care providers, and/or who provide health care services." Thus, individual providers are contractually included under the hold-harmless provision. Under the contract, NHS is to provide HMO members with medically necessary covered services and to make necessary and appropriate arrangements to assure the availability of primary care services to members on a 24-hour, 7 days per week basis. The contract includes provisions requiring Affinity Medical Group (AMG) to participate in NHP's Quality Assurance and Utilization Management Committee and its provider credentialing procedures. AMG is reimbursed for services rendered under fee-for-service arrangements. Payments made to other related parties are made under a discounted fee-for-service or fee-for-service basis.

Other non-affiliated provider contracts in place are based on standard provider or hospital provider contracts. The standard contract generally specifies services covered by reference in the NHP Member's Health Services agreement. The contract requires that the services be rendered promptly in a manner consistent with community standards. If a referral is required in a given situation, the provider agrees to provide only the health care services preauthorized by the referral. Providers are typically reimbursed on a fixed schedule of fees or discounted fee-for-service basis. A list of contracting clinics is included as Addendum 1 at the end of this report.

The contracts include hold-harmless provisions for the protection of policyholders. The contracts have terms varying from one to three years. Contracts may be terminated by either party providing written notice of nonrenewal before an established number of days prior to the

end of the contract term. Termination clauses in the reviewed contracts varied between 60 and 120-days and required written notice prior to the end of a term.

NHP contracts with 15 hospitals to provide inpatient and outpatient services.

Hospitals are reimbursed on a per diem or discounted fee-for-service or diagnostic related group basis. The 15 hospitals are as follows:

Berlin Memorial Hospital	Berlin, WI
Calumet Medical Center	Chilton, WI
Mercy Medical Center	Oshkosh, WI
New London Family Medical Center	New London, WI
Ripon Medical Center	Ripon, WI
Riverside Medical Center	Waupaca, WI
St. Agnes Hospital	Fond du Lac, WI
St. Elizabeth Hospital	Appleton, WI
St. Mary's Hospital Medical Center	Green Bay, WI
St. Michael's Hospital	Stevens Point, WI
St. Nicholas Hospital	Sheboygan, WI
St. Vincent Hospital	Green Bay, WI
UW Hospitals & Clinics	Madison, WI
Waupun Memorial Hospital	Waupun, WI
Wild Rose Community Memorial Hospital	Wild Rose, WI

NHP offers comprehensive health care coverage, which may be changed by riders to include deductibles and co-payments. The following is a list of basic health care coverages that are provided:

- Physician services
- Inpatient hospital services
- Outpatient hospital services
- Mental health, drug, and alcohol abuse services
- Ambulance services
- Prosthetic devices and durable medical equipment
- Newborn services
- Home health care
- Preventive health services
- Family planning
- Hearing exams and hearing aids
- Diabetes treatment
- Routine eye examinations
- Convalescent nursing home service
- Prescription drugs with co-payments
- Cardiac rehabilitation, physical, speech, and/or occupational therapy
- Kidney disease treatment
- Certain transplants
- Chiropractic services

Inpatient mental health and AODA coverage is limited to 10 days per calendar year.

Outpatient mental health and AODA coverage is limited to 20 visits per calendar year, and

transitional treatment is limited to 20 visits per calendar year. Emergency services have between a \$25.00 and \$100.00 co-payment requirement, which is waived upon admission to an inpatient facility. Skilled nursing care is limited to 60 days. Plan coverage is contingent on non-emergency services being provided by participating practitioners and hospitals or on the referral of participating practitioners. The company also has various coinsurance plans in which services have a 70/30, 80/20, or 90/10 coinsurance split, subject to a maximum in the range of \$1,000 to \$9,000/single and two to three times the single family contract. The Basic Option plan caps the maximum out-of-pocket expense at \$1,000 per calendar year for both individual and family contracts.

NHP also has point-of-service products, which provide comprehensive benefits similar to those listed above when participating providers are used. The enrollee may elect, at the time of service, to use providers that are not part of the NHP's network for higher deductibles and coinsurance levels. Certain preventative services are not covered when out-of-network providers are utilized. Out-of-network maternity, skilled nursing facility, extended care facility, and inpatient and some outpatient hospital services require precertification. Reimbursement for these services will be reduced 50% up to a maximum reduction of \$500 per occurrence as a penalty for failing to precertify. Out-of-network services are covered by Network Health Insurance Corporation.

NHP has separate agreements with Kimberly Clark and Alliance Laundry Service in which premiums are adjusted on a retrospective basis to total medical costs incurred during the year. NHP also receives an administrative fee from the two employer groups.

In addition to its commercial products, NHP has entered into a contract with the Centers for Medicare and Medicaid Services (CMS) to provide Part A and Part B Medicare benefits to members enrolled in Network Health Plan's SeniorPlus Medicare product. The policy covers all of the required Part A deductible and coinsurance and provides benefits for many services that are not covered by Medicare. CMS reimburses NHP on an approximate cost basis for the Part A and Part B benefits for which CMS is responsible.

NHP has contracted with the Wisconsin Department of Health and Family Services (DHFS) to provide and pay for Medical Assistance services to recipients enrolled in the Plan under the State Medical Assistance Program. The Plan has entered into a subcontract with Managed Health Services Insurance Corporation (MHSIC) to provide health care services to NHP's Medical Assistance enrollees. In consideration for the services to be provided, the Plan agreed to pay MHSIC the Medicaid HMO capitation rate per member per month less a base fee, plus an amount to cover the Health Insurance Risk Sharing Pool assessment for all NHP's Medical Assistance enrollees. The contract was effective July 1, 1996, and was renewed on January 1, 2001, for a term of five years.

Currently, NHP markets to employer groups, chamber of commerce members, and association members. NHP utilizes employee account representatives, as well as outside brokers.

NHP uses an actuarially determined base as a beginning point in premium determination. For small groups, this rate is adjusted to reflect the age, sex, coverage characteristics, and risk assessment for new groups. Experience is reviewed for renewal groups and based on the review; adjustments are made to a group's risk assessment factor, within limits as dictated by law. For large groups, this rate is adjusted to reflect the age, sex and coverage characteristics. Experience is reviewed for groups and a recommendation is made regarding adjusting the rate or canceling the group given a credibility factor that is actuarially determined based on group size. Rates are determined by a weighted average of base and experience. The weighting is determined by the credibility factor. The base rate is adjusted quarterly for inflation and other trending factors.

III. MANAGEMENT AND CONTROL

Board of Directors

The board of directors consists of nine members. Directors are elected annually to serve a three-year term. Officers are appointed by the board of directors. Members of the HMO's board of directors may also be members of other boards of directors in the Affinity System. Board members not employed by Affinity Health System currently receive \$400.00 per meeting for serving on the board. Employees of Affinity Health System are paid through Affinity Health System and do not receive any additional compensation for serving on the board.

Currently the board of directors consists of the following persons:

Name and Residence	Principal Occupation	Term Expires
Sheila Jenkins Neenah, WI	Network Health Plan President	2003
Scott Nygaard, MD Hortonville, WI	Affinity Medical Group Chief Medical Officer	2003
Jeff Badger Appleton, WI	Affinity Health System Vice President – Finance	2004
John Bubolz Appleton, WI	Greystone Capitol Group, L.L.C. Managing Director	2004
Richard Gauthier, MD Ripon, WI	Affinity Medical Group Family Practice	2005
Douglas Grant, MD Appleton, WI	Affinity Medical Group Family Practice	2005
Mark Kehrberg, MD Oshkosh, WI	Affinity Medical Group Pediatrician	2005
David Romond, MD Oshkosh, WI	Affinity Medical Group Medical Director & Orthopedics	2003
C. William Whitlock Oshkosh, WI	U.S. Bank Regional President	2004

Officers of the Company

The officers appointed by the board of directors and serving at the time of this examination are as follows:

Name	Office	2002 Salary
Sheila A. Jenkins	President	\$229,532*
Jeff S. Badger	Secretary	17,969*
Scott D. Nygaard	Treasurer	22,818*

*These are employees of Affinity Health System and are paid by AHS based on a corporate allocation. Ms. Jenkins's gross compensation is being reported because she works exclusively for NHP and NHIC.

Committees of the Board

The HMO's bylaws allow for the formation of certain committees by the board of directors. The committees at the time of the examination are listed below:

Executive Committee

Sheila Jenkins, Chair
Scott Nygaard, MD
Jeff Badger

Business Operations Committee

Tim Temperly, Chair
Al Berg
Dave Bloedorn
Gerry Demmer
Erika Evensen
Carol French
Peggy Huss
Amy Krumenauer
Alice Parks
Dawn Rady
Chuck Ryneerson
Don Schumann
Bonnie Schmidt
Cara Techlin
Bev VerVoort
Steve Wolf
Sherry Vanden Huevel, Recorder
Tara Pearce, Ad-hoc Member
Peg Schiek, Ad-hoc Member

Senior Leadership Team

Sheila Jenkins, Chair
Tim Temperly
Don Schumann
Ed Scanlan, MD

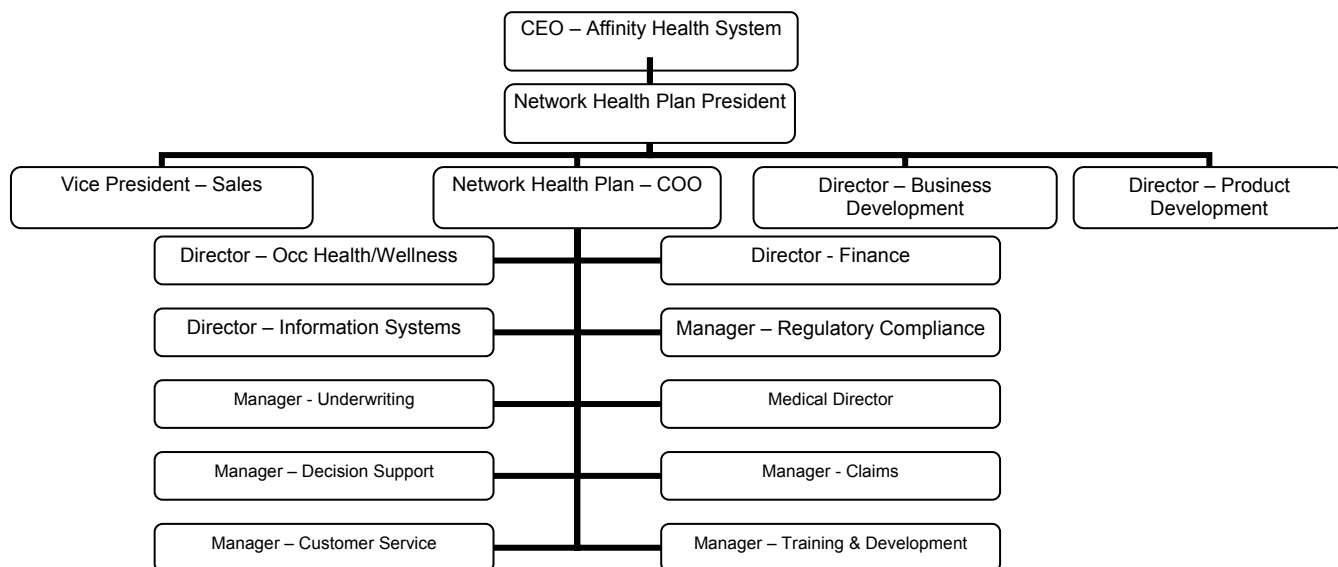
Quality Management Committee

Sheila Jenkins, Chair
Tom Chulski, MD
Peggy Huss
David Leicht, Ph.D.
Susie McCoy
Alice Parks
Terry Reisner, MD
Wayne Rusin, MD
Ed Scanlan, MD
Bonnie Schmidt
Michael Wage, MD
Sherry Vanden Huevel, Recorder

Other committees that report to the Quality Management Committee are as follows:

Confidentiality/Ethics Sub-Committee
Credentials Committee
Peer Review Committee
Medical Policy Committee
Pharmacy and Therapeutics Committee
Grievance Committee

The HMO has its own employees in the areas of Administration, Claims, Compliance, Customer Service, Decision Support, Finance, Health Management, Occupational Health/Wellness, Information Systems, Managed Care Contracting, Quality Improvement, Sales, and Training & Development. The organization and principal officers of the company are reflected in the chart below



Financial Requirements

The financial requirements for an HMO under s. Ins 9.04, Wis. Adm. Code, are as follows:

	Amount Required
1. Minimum capital or permanent surplus	Either: \$750,000, if organized on or after July 1, 1989 or \$200,000, if organized prior to July 1, 1989
2. Compulsory surplus	The greater of \$750,000 or: If the percentage of covered liabilities to total liabilities is less than 90%, 6% of the premium earned in the previous 12 months; If the percentage of covered liabilities to total liabilities is at least 90%, 3% of the premium earned in the previous 12 months
3. Security surplus	The greater of: 140% of compulsory surplus reduced by 1% of compulsory surplus for each \$33 million of additional premiums earned in excess of \$10 million or 110% of compulsory surplus
4. Operating funds	Funds sufficient to finance any operating deficits in the business and to prevent impairment of the insurer's initial capital or permanent surplus or its compulsory surplus

Covered liabilities are those due to providers who are subject to statutory hold-harmless provisions.

In addition, there is a special deposit requirement equal to the lesser of the following:

1. An amount necessary to maintain a deposit equaling 1% of premium written in this state in the preceding calendar year, or
2. One-third of 1% of premium written in this state in the preceding calendar year.

The HMO has satisfied this requirement for 2002 with a deposit of \$1,850,000 with the State Treasurer.

Insolvency Protection for Policyholders

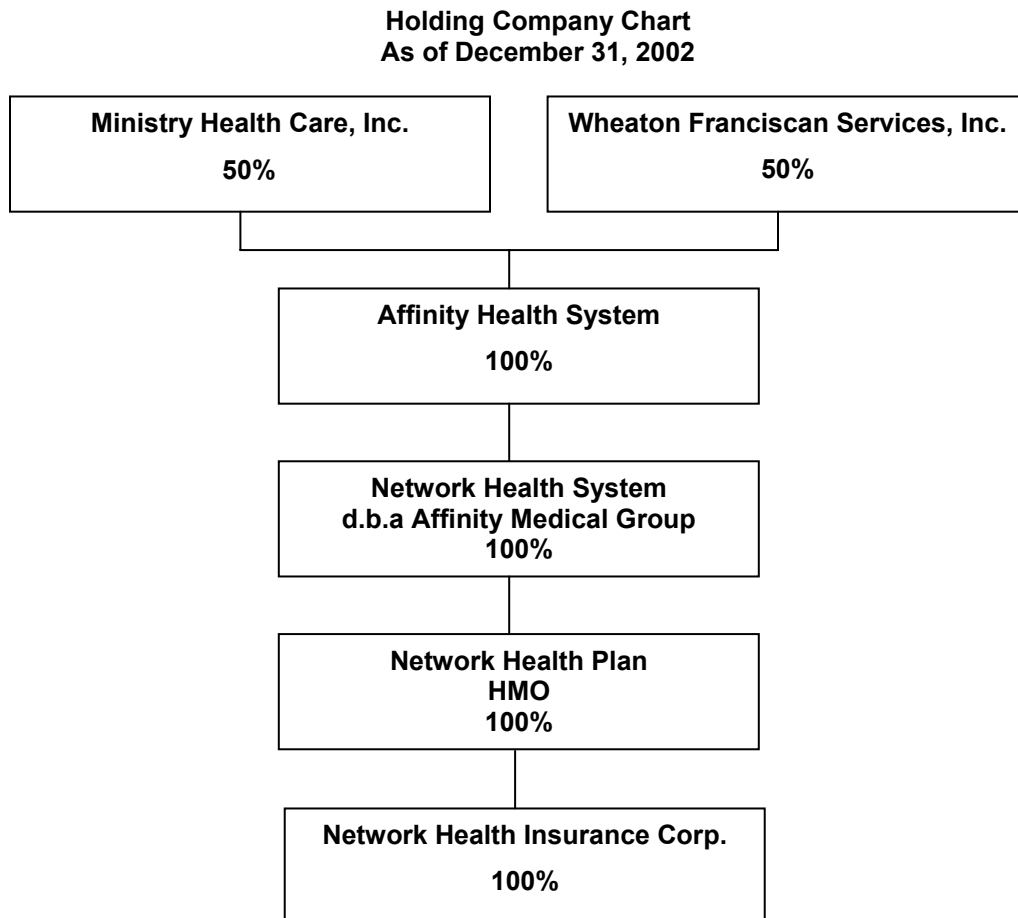
Under s. Ins 9.04 (6), Wis. Adm. Code, HMOs are required to provide continuation of coverage for its enrollees. These requirements are the following:

1. Enrollees hospitalized on the date of insolvency will be covered until discharged; and
2. Enrollees will be entitled to similar, alternate coverage which does not contain any medical underwriting or preexisting limitation requirements.

The HMO has not met this requirement through its reinsurance contract, as discussed in the Reinsurance section of this report.

IV. AFFILIATED COMPANIES

The HMO is a member of a holding company system. Network Health Plan is a wholly owned subsidiary of Network Health System. NHS, a multispecialty clinic is a wholly owned subsidiary of Affinity Health System, which is co-sponsored by Ministry Health Care, Inc., and Wheaton Franciscan Services, Inc. The organizational chart below depicts the relationships among the affiliates in the group. A brief description of the significant affiliates of the HMO follows the organizational chart.



Ministry Health Care, Inc.

Ministry Health Care, Inc., is a Wisconsin nonstock not-for-profit corporation that manages, promotes, and supports the health care and related ministries of the Milwaukee region of the Sisters of the Sorrowful Mother. As of September 30, 2002, the company's audited financial statement reported assets of \$1.18 billion, liabilities of \$662.0 million, and total net assets of \$518.2 million. Operations for 2002 produced net income of \$16.6 million on revenues of \$731.1 million.

Wheaton Franciscan Services, Inc.

Wheaton Franciscan Services, Inc. (WFS), is organized as an Illinois not-for-profit organization and operates under the tenets of the Roman Catholic Church and in accordance with the philosophy and values of the Franciscan Sisters. WFS's subsidiaries provide general health care services to residents within its geographic locations including inpatient, outpatient, emergency room, physician, long-term care, and other related services. As of June 30, 2002, the company's audited financial statement reported assets of \$1.56 billion, liabilities of \$746.2 million, and total net assets of \$818.2 million. Operations for 2002 produced net income of \$90.8 million on revenues of \$1.36 billion.

Affinity Health System

Affinity Health System (AHS) is an Illinois nonstock, not-for-profit corporation, whose corporate members are Ministry Health Care, Inc. (MHC) and Wheaton Franciscan Services, Inc. (WFSI). MHC and WFSI operate an integrated health care delivery system in the Fox Valley of Wisconsin through Affinity Health System. MHC and WFSI established common management of Affinity and the Affinity organization. As of September 30, 2002, AHS and affiliates combined financial statements reported assets of \$368.2 million, liabilities of \$187.8 million, and total net assets of \$180.4 million. Operations for 2002 produced net income of \$4.1 million on revenues of \$425.6 million.

Network Health System

Network Health System (NHS) provides medical services through its clinic operations and managed care products and services through the company. NHS became a member of AHS

as a result of a series of acquisition transactions effective September 1, 1998. As of September 20, 2002, the company reported assets of \$65.6 million, liabilities of \$36.1 million, and total net assets of \$29.6 million. Operations for 2002 produced net income of \$49.1 million on revenues of \$106.7 million.

Network Health Insurance Corporation

Network Health Insurance Corporation (NHIC) began operations on August 1, 2001 and is a wholly owned subsidiary of Network Health Plan. NHIC provides indemnity health insurance coverage for out-of-area medical costs related to the point of services products, with the majority of these services being provided in northeastern Wisconsin. As of December 31, 2002, the company's audited financial statement reported assets of \$4,060,315, liabilities of \$571,628, and capital and surplus of \$3,488,687. Operations for 2002 produced net income of \$554,506 on revenues of \$3,853,991.

Agreements with Affiliates

The company currently does not have any formal agreements in place. Refer to Summary of Examination Results for further discussion.

V. REINSURANCE AND CORPORATE INSURANCE

The HMO has reinsurance coverage under the contract outlined below:

Reinsurer:	Employers Reinsurance Corporation
Type:	Specific Excess of Loss Reinsurance
Effective date:	January 1, 2003
Business Covered:	Commercial HMO, Commercial Point-of-Service
Services Covered:	<p>Inpatient services – average daily maximum for services that are not scheduled fixed procedural fees is \$4,000. ParadigmHealth members – average daily maximum for services is \$8,000.</p> <p>Sub-acute and inpatient rehabilitation - \$750 per day</p> <p>Skilled nursing, hospice, and home health care – average daily maximum of \$500.</p>
Retention:	<p>For all members of Alliance Laundry Group except one particular member as specified in the contract, \$100,000 for hospital services.</p> <p>For all other commercial lines of business and the particular member of Alliance Laundry Group specified above, \$125,000 for hospital services. There is no coverage for physician services in other commercial products.</p> <p>For Members referred to ParadigmHealth, were they are providing clinical management services, within 5 days of qualifying event, retention will be reduced by 10%</p>
Coverage:	<p>Transplants:</p> <ul style="list-style-type: none">• Scheduled – 90% of charges in excess of the retention• Unscheduled – 90% of charges in excess of the retention that average \$3,000 per day or less, 50% of charges that average over \$3,000 <p>Other Hospital Services:</p> <ul style="list-style-type: none">• 85% of charges in excess of the retention• Members referred to ParadigmHealth within 5 days of qualifying event – 95% of charges in excess of the retention
Lifetime Maximum:	\$2,000,000 per member for inpatient services
Premium:	<p>Alliance Laundry Group - \$2.36 per member per month (pm/pm)</p> <p>Commercial HMO - \$1.70 pm/pm</p> <p>Commercial Point-of-Service - \$1.70 pm/pm</p>

Termination: Agreement may be terminated with a minimum notice period of 75 days by either party.

The reinsurance policy has an endorsement containing the following insolvency provisions:

1. Employers Reinsurance agrees to provide coverage for enrollees confined in an inpatient facility until the earlier of the date of their discharge, the member becomes entitled to other health insurance coverage, or 60 days from the date of insolvency.
2. Employers Reinsurance will continue to provide covered services to enrollees for which premium has been paid prior to the date of insolvency until the expiration of time for which the premium was not paid not to exceed 60 days from the date of insolvency.

The policy includes insolvency coverage for Commercial HMO and Commercial POS members, for in-network services only, and is subject to an aggregate limit of \$5,000,000 for all members together, all agreements, and all agreement periods, combined.

The above reinsurance contract did not meet the required insolvency provisions according to s. Ins 9.04 (6), Wis. Adm. Code. See Summary of Current Examination Results for further discussion.

In addition, the HMO is provided with corporate insurance coverage under the contracts listed below:

Type of Coverage	Policy Limits
Directors' and officers' liability	\$15,000,000
Fiduciary Liability	15,000,000
Professional liability	3,000,000
Managed Care Errors & Omissions	3,000,000
Blanket Crime	2,000,000

The above coverages were obtained through various insurance companies, all of which are licensed in Wisconsin.

VI. FINANCIAL DATA

The following financial statements reflect the financial condition of the HMO as reported in the December 31, 2002, annual statement to the Commissioner of Insurance. Also included in this section are schedules that reflect the growth of the HMO for the period under examination. Adjustments made as a result of the examination are noted at the end of this section in the area captioned "Reconciliation of Net Worth per Examination."

**Network Health Plan
Assets
As of December 31, 2002**

	Assets	Nonadmitted Assets	Net Admitted Assets
Bonds	\$ 9,466,528	\$	\$ 9,466,528
Stocks:			
Common stocks	3,488,687		3,488,687
Real Estate:			
Properties occupied by the company	3,650,545		3,650,545
Cash	10,072,494		10,072,494
Short-term investments	11,190,815		11,190,815
Accident and health premiums due and unpaid	116,286	46,306	69,980
Health care receivables	6,573,567	410,219	6,163,348
Amounts recoverable from reinsurers	195,697		195,697
Investment income due and accrued	151,273		151,273
Amounts due from parent, subsidiaries and affiliates	137,980		137,980
Furniture and equipment	697,988	697,988	
Electronic data processing equipment and software	450,625	62,968	387,657
Other nonadmitted assets	<u>320,954</u>	<u>320,954</u>	
Total assets	<u>\$46,513,439</u>	<u>\$1,538,435</u>	<u>\$44,975,004</u>

**Network Health Plan
Liabilities and Net Worth
As of December 31, 2002**

Claims unpaid		\$20,357,262
Unpaid claims adjustment expenses		200,000
Premiums received in advance		3,159,637
General expenses due or accrued		436,857
Amounts withheld or retained for the account of others		713,949
Amounts due to parent, subsidiaries and affiliates		386,088
Aggregate write-ins for other liabilities		<u>46,272</u>
Total liabilities		25,300,065
Common capital stock	\$ 200,000	
Gross paid in and contributed surplus	22,922,597	
Unassigned funds (surplus)	<u>(3,447,658)</u>	
Total capital and surplus		<u>19,674,939</u>
Total liabilities, capital and surplus		<u>\$44,975,004</u>

**Network Health Plan
Statement of Revenue and Expenses
For the Year 2002**

Net premium income		\$232,130,180
Medical and Hospital:		
Hospital/medical benefits	\$155,483,999	
Other professional services	8,108,032	
Emergency room and out-of-area	7,673,229	
Prescription drugs	33,635,812	
Incentive pool and withhold adjustments	(26,874)	
Subtotal	204,874,198	
Less		
Net reinsurance recoveries	1,174,057	
Total medical and hospital	203,700,141	
Claims adjustment expenses	10,137,770	
General administrative expenses	14,412,227	
Total underwriting deductions		228,250,138
Net underwriting gain or (loss)		3,880,042
Net investment income earned		1,210,344
Aggregate write-ins for other income or expenses		(16,002)
Net income or (loss) before federal income taxes		5,074,384
Federal and foreign income taxes incurred		(259,000)
Net income (loss)		<u>\$ 5,333,384</u>

**Network Health Plan
Capital and Surplus Account
As of December 31, 2002**

Capital and surplus prior reporting year		\$18,918,144
Net income or (loss)	\$ 5,333,384	
Net unrealized capital gains and losses	554,506	
Change in nonadmitted assets	(182,737)	
Change in surplus notes	(27,690,000)	
Paid in (surplus adjustments)	22,771,597	
Aggregate write-ins for gains or (losses) in surplus	(29,958)	
Net change in capital and surplus		<u>756,792</u>
Capital and surplus end of reporting year		<u>\$19,674,936</u>

Network Health Plan
Statement of Cash Flows (Direct Method)
As of December 31, 2002

Cash from Operations

Premiums and revenues collected net of reinsurance		\$231,500,061
Claims and claims adjustment expenses		208,856,046
General administrative expenses paid		<u>14,564,735</u>
Cash from underwriting		8,079,280
Net investment income		1,528,285
Other income (expenses)		(16,002)
Federal and foreign income taxes (paid) recovered		<u>259,000</u>
Net cash from operations		9,850,563

Cash from Investments

Proceeds from investments sold, matured or repaid:			
Bonds		\$ 800,000	
Cost of investments acquired (long-term only):			
Bonds	\$4,048,003		
Real estate	<u>12,134</u>		
Total investments acquired		<u>4,060,137</u>	
Net cash from investments			(3,260,137)

Cash from Financing and Miscellaneous Sources

Cash provided:			
Surplus notes, capital and surplus paid in	(4,918,403)		
Other cash provided	<u>516,563</u>		
Total		(4,401,840)	
Cash applied:			
Net transfers to affiliates	163,309		
Other applications	<u>3,603,560</u>		
Total		<u>3,766,869</u>	
Net cash from financing and miscellaneous sources			<u>(8,168,709)</u>
Net change in cash and short-term investments			(1,578,283)
Cash and short-term investments:			
Beginning of year			<u>22,841,593</u>
End of year			<u>\$ 21,263,310</u>

Growth of Network Health Plan

Year	Assets	Liabilities	Capital and Surplus	Premium Earned	Medical Expenses Incurred	Net Income
2002	\$44,975,004	\$25,300,064	\$19,674,940	\$232,130,180	\$203,700,141	\$ 5,333,384
2001	41,270,953	22,352,808	18,918,145	200,787,076	183,712,414	(2,222,408)
2000	39,222,364	22,258,040	16,964,324	202,681,994	190,890,170	(7,814,929)
1999	38,210,947	21,332,293	16,878,654	189,242,851	182,139,768	(9,899,057)

Year	Profit Margin	Medical Expense Ratio	Administrative Expense Ratio	Change in Enrollment
2002	2.3%	87.8%	10.6%	7.3%
2001	(1.1)	91.5	10.9	(9.4)
2000	(3.9)	94.2	9.7	(1.7)
1999	(5.2)	96.2	9.1	13.3

Enrollment and Utilization

Year	Enrollment	Hospital Days/1,000	Commercial	Average Length of Stay - Medicare
2002	111,847	291.64	3.80	4.49
2001	104,223	262.72	3.71	4.87
2000	115,009	265.34	3.71	5.03
1999	116,969	245.87	3.92	6.64

Per Member Per Month Information

	2002	2001	Percentage Change
Premiums:			
Commercial	\$192.04	\$167.28	14.8%
Medicare	323.93	263.01	23.2
Medicaid	131.83	119.62	10.2
Expenses:			
Hospital/medical benefits	120.75	85.86	40.6
Other professional services	6.30	33.19	-81.0
Emergency room and out-of-area	5.96	6.03	-1.2
Prescription drugs	26.21	22.40	17.0
Aggregate write-ins for other medical and hospital	0.00	.14	(100.0)
Incentive pool and withhold adjustments	(0.21)	0.0	(100.0)
Less: Net reinsurance recoveries	.91	1.87	-51.3
Total medical and hospital	158.10	145.75	8.5
Claims adjustment expenses	7.87	0.0	100.0
General administrative expenses	11.19	17.57	-36.3
Total underwriting deductions	<u>\$177.16</u>	<u>\$163.32</u>	8.5

Premiums earned increased 22.7% since 1999 due to a combination of premium rate and enrollment increases. Enrollment decreased by 9.4% in 2001, however, increased by 7.3% in 2002. The company suffered a net loss in all years except for 2002 where it reported a net income due to decreased utilization, and possibly more favorable reimbursement rates for providers. The company received capital contributions in 2000 and 2001 to maintain its surplus. In 2002 NHP paid off part of its surplus note and converted the remaining balance to gross paid in and contributed capital. The company's assets, liabilities and surplus continue to increase. The medical expense ratio has continued to decrease for all years under review while the administrative expense ratio has stayed consistently between 9-11%.

Reconciliation of Capital and Surplus per Examination

The following schedule is a reconciliation of capital and surplus between that reported by the HMO and as determined by this examination:

Capital and surplus December 31, 2002, per annual statement			\$19,674,939
Examination Adjustments:	Increase	Decrease	
Electronic data processing equipment & software		\$(311,412)	
Amounts due from parent, subsidiaries & affiliates		<u>(137,980)</u>	
Net increase or (decrease)			<u>(449,392)</u>
Capital and surplus December 31, 2002, per examination			<u>\$19,225,547</u>

There were no reclassifications as a result of the examination.

VII. SUMMARY OF EXAMINATION RESULTS

Compliance with Prior Examination Report Recommendations

There were five specific comments and recommendations in the previous examination report. Comments and recommendations contained in the last examination report and actions taken by the HMO are as follows:

1. Management and Control—It is again recommended that the company annually file a holding company registration statement by June 1, as required by s. Ins 40.03 (2), Wis. Adm. Code.

Action—Compliance

2. Financial Reporting—It is recommended that the company properly not admit the balance for “Amounts Due From Affiliates”, pursuant to s. Ins 9.10, Wis. Adm. Code.

Action—Compliance

3. EDP Security—It is recommended that the company add security procedures in order to protect its information and enhance the control environment.

Action—Compliance

4. EDP Controls—It is recommended that records be kept of changes made to data and programmer access to data be limited whenever possible.

Action—Compliance

5. EDP Controls—It is recommended that the company review, update, and test its disaster recovery plan on an annual basis and copies of critical reports are to be kept off-site.

Action—Non-Compliance, see Summary of Current Examination Results

Summary of Current Examination Results

Management and Control

In accordance with a directive of the Commissioner of Insurance, each company is required to establish a procedure for the disclosure to its board of directors of any material interest or affiliation on the part of its officers, directors or key employees which conflicts or is likely to conflict with the official duties of such person. A part of this procedure is the annual completion of a conflict of interest questionnaire by the appropriate persons. The review of conflict of interest statements revealed the company does not have a formal policy in place for the signing of conflict of interest statements. There were several officers, board members, and key employees where no conflict of interest statements were signed for the years under review. It is recommended that the company require all members of the board of directors, corporate officers and key employees complete conflict of interest statements annually, and retain such statements in the company's files.

Executive Compensation

The examination's review of form OCI 22-040, Report on Executive Compensation for 2002, noted that the form was not completed correctly. The company failed to comply with s. 611.63 (4), Wis. Stat., which requires insurers to report the amount of all direct and indirect remuneration for services, including retirement and other deferred compensation benefits and stock options, paid or accrued each year for the benefit of each director and each officer and employee whose remuneration exceeds \$80,000. In addition, NHP did not list the salaries for all officers of the company. It is recommended that the company properly complete form OCI 22-040, Report on Executive Compensation, in accordance with s. 611.63 (4), Wis. Stat.

Cash on Hand

The examination revealed cash received of less than \$1,000.00 it is not deposited that day, but kept in a locked overhead cubicle cabinet. The key for the cubicle is kept in that cubicle's unlocked pencil tray and is not taken home at night or moved periodically. Other individuals besides the responsible party know where the key is kept. While the amount of cash kept is immaterial, additional procedures should be in place to safeguard cash. It is

recommended that the company establish procedures to limit access to cash not deposited by either taking the key off the premises or putting the undeposited cash in a locked safe until deposited.

Investments

The examination's review of the board of director minutes disclosed the board does not review and subsequently approve the company's investments. The accounting department of NHP has the authority to make the company's investment decisions. However, these investment decisions are not formally approved by the board of directors or a committee of the board of directors. It is recommended that the company establish procedures to have investment transactions formally reviewed and approved by the board of directors on an at least a quarterly basis.

Depreciation

The examination revealed that the company is depreciating all computer hardware over a five year period. According to Statement of Statutory Accounting Principle (SSAP) No. 79, Paragraphs 3-5, EDP equipment and operating system software shall be depreciated over the lesser of its useful life or three years. The change in depreciation resulted in an adjustment to surplus of \$311,412. The \$311,412 adjustment is reflected in the section of this report captioned "Reconciliation of Capital and Surplus per Examination." It is recommended that the company properly depreciate EDP equipment and operating system software according to SSAP No. 79, Paragraphs 3-5.

Affiliated Balances

According to s. Ins. 9.10, Wis. Adm. Code, a receivable, note or other obligation of an affiliate to a health maintenance organization insurer shall be valued at zero by the insurer for purposes of statements filed with the Commissioner's office. The examination revealed that amounts reported on the annual statement appear to be derived from rent and general expenses due from affiliates and should have been nonadmitted. The nonadmitting of these assets resulted in an adjustment to surplus of \$137,980. The \$137,980 adjustment is reflected in the section of

this report captioned “Reconciliation of Capital and Surplus per Examination.” It is recommended that the company comply with s. Ins. 9.10, Wis. Adm. Code and nonadmit receivables from affiliates.

Management Agreements

Currently NHP and Affinity Health System have a verbal agreement where AHS provides certain administrative services to NHP and NHP pays AHS a fee for those services. According to s. 617.21, Wis. Stat, a formal written agreement should be in place that clearly and accurately discloses the nature and details of the arrangement. The agreement should also be fair and reasonable to the interests of the insurer and should be reported to the Office of the Commissioner of Insurance (OCI) for non disapproval. In addition, NHP and Network Health Insurance Corporation file taxes on a consolidated basis. Again, the companies do not have a written agreement in place, nor was the agreement filed with OCI for non disapproval. It is recommended that NHP execute an administrative service or cost allocation agreement with AHS and a tax allocation agreement with NHIC and submit these agreements and all future agreements for review by the commissioner in accordance with s. 617.21, Wis. Stat.

Financial Requirements

As discussed previously, s. Ins 9.04 (6), Wis. Adm. Code, requires HMOs to either maintain compulsory surplus at the level required by s. Ins 51.80, Wis. Adm. Code, or provide for the following in the event of the HMO's insolvency:

1. Enrollees hospitalized on the date of insolvency will be covered until discharged; and
2. Enrollees will be entitled to similar, alternate coverage which does not contain any medical underwriting or preexisting condition limitation requirements.

Typically, HMOs provide these insolvency protections through reinsurance. The company's reinsurance contract includes the first provision listed above. However, the second provision is not included. In addition, it was noted that the company's aggregate limit of reinsurance after insolvency is \$5 million for all members, agreements and agreement periods combined and is limited to in-network services only. Under s. 645.43, Wis. Stat., coverage for policies issued by insurers that are placed in liquidation extends to the lesser of a) 15 days after the date of the

liquidation order, b) the date the policy expires, or c) the date the insured finds replacement coverage. Since the policies would expire fifteen days after the company was placed in liquidation, the insolvency protection should be at least equal to one-half month's inpatient expenses. In 2002, the company had approximately \$40 million in inpatient medical expenses indicating the \$5 million would not cover one-half month of normal hospital expenses. It is recommended that the company implement a plan to provide for the insolvency protections set forth in s. Ins 9.04 (6), Wis. Adm. Code or increase its capital to the amount required by s. Ins 51.80, Wis. Adm. Code.

Information Systems Controls

Security Violations

The examination revealed the company does not proactively review security violations. The company contended that access level restrictions were assumed to prevent most security violations and system security reports to investigate potential violations. Monitoring security violations is an important detective control for identifying security breaches. It is recommended that the company implement a procedure to periodically review access security violations.

Authorized Access

The examination revealed there is not a formal policy in place to review whether all IDs are authorized, either at a network or application level. This is a concern since the company's LAN is connected to a WAN where the WAN's network administrators have the ability to set up accounts on the company's LAN without the company knowing about it. The company has undertaken other projects which reviewed access in the last 18 months however; these were ad-hoc reviews versus a formal procedure. It is recommended that the company implement a formal procedure to periodically review that all network and application IDs are authorized.

Disaster Recovery Plan

The prior examination recommended that the company review, update and test its disaster recovery plan on an annual basis and copies of critical reports are to be kept off-site. The company's responded to the prior examination recommendation that detailed testing and

recovery procedures were being developed and they will be the foundation of the revamped disaster recovery plan. The current examination revealed that departmental plans have not been formally updated since 1997. The plans for the IS department appeared to be current however, it was indicated in the IT portion that a hot site had not been identified. The company indicated it was the responsibility of Affinity Health System, who contracts with an outside provider, to restore the network. In addition, documentation was requested for the last time the company tested its disaster recovery plan which was in 2002. The company was able to provide documentation that was informal and created as a result of an examination request, no other documentation was available. It is again recommended that the company formally review, update and test its disaster recovery plan on an annual basis.

Compulsory Surplus Requirement

As noted in the section of this report captioned "Financial Requirements," HMOs are required to maintain minimum compulsory surplus. The HMO's calculation as of December 31, 2002, as modified for examination adjustments is as follows:

Assets	\$44,975,004	
Less:		
Special deposit	692,254	
Liabilities	25,300,064	
Examination adjustments	<u>449,392</u>	
Total		\$18,533,294
Net premium earned	232,130,180	
Compulsory factor	<u>3%</u>	
Compulsory surplus		<u>6,963,905</u>
Compulsory Excess		<u>\$11,569,389</u>

VIII. CONCLUSION

Network Health Plan is a for-profit network health maintenance organization whose principal service area is the Fox Valley region. The company offers comprehensive HMO coverages for groups, individuals and Medicare-eligible persons. NHP is a wholly owned subsidiary of Network Health System. Network Health System is a wholly owned subsidiary of Affinity Health System, which is co-sponsored by Wheaton Franciscan Services, Inc., and Ministry Health Care, Inc.

Since the last examination, as of December 31, 1999, the reported assets increased from \$38.2 million to \$45.0 million and liabilities increased from \$21.3 million to \$25.3 million. These amounts represent increases of 17.8% and 18.6%, respectively. The company's enrollment decreased 9.4% in 2001, however, has increased 7.3% in 2002. Overall premium has increased 22.7% from \$189.2 million to \$232.1 million. The company reported a net income in 2002 while net losses were reported for the other years under review. The company received capital contributions in 2000 and 2001 from its parent company to maintain surplus. In 2002, the company paid off part of \$5,090,000 of its surplus note and converted the remaining balance of \$22,771,597 into gross paid in and contributed capital.

As a result of the examination, two adjustments to surplus totaling a \$449,392 decrease were made. The examination resulted in 11 recommendations that are listed on the following page.

IX. SUMMARY OF COMMENTS AND RECOMMENDATIONS

1. Page 25 - Management and Control—It is recommended that the company require all members of the board of directors, corporate officers and key employees complete conflict of interest statements annually, and retain such statements in the company's files.
2. Page 25 - Executive Compensation—It is recommended that the company properly complete form OCI 22-040, Report on Executive Compensation, in accordance with s. 611.63 (4), Wis. Stat.
3. Page 25 - Cash on Hand—It is recommended that the company establish procedures to limit access to cash not deposited by either taking the key off the premises or putting the undeposited cash in a locked safe until deposited.
4. Page 26 - Investments—It is recommended that the company establish procedures to have investment transactions formally reviewed and approved by the board of directors on an at least a quarterly basis.
5. Page 26 - Depreciation—It is recommended that the company properly depreciate EDP equipment and operating system software according to SSAP No. 79, Paragraphs 3-5.
6. Page 27 - Affiliated Balances—It is recommended that the company comply with s. Ins. 9.10, Wis. Adm. Code and nonadmit receivables from affiliates.
7. Page 27 - Management Agreements—It is recommended that NHP execute an administrative service or cost allocation agreement with AHS and a tax allocation agreement with NHIC and submit these agreements and all future agreements for review by the commissioner in accordance with s. 617.21, Wis. Stat.
8. Page 28 - Financial Requirements—It is recommended that the company implement a plan to provide for the insolvency protections set forth in s. Ins 9.04 (6), Wis. Adm. Code or increase its capital to the amount required by s. Ins 51.80, Wis. Adm. Code.
9. Page 28 - Security Violations—It is recommended that the company implement a procedure to periodically review access security violations.
10. Page 28 - Authorized Access—It is recommended that the company implement a formal procedure to periodically review that all network and application IDs are authorized.
11. Page 29 - Disaster Recovery Plan—It is again recommended that the company formally review, update and test its disaster recovery plan on an annual basis.

X. ACKNOWLEDGMENT

The courtesy and cooperation extended during the course of the examination by the officers and employees of the HMO is acknowledged.

In addition to the undersigned, the following representatives of the Office of the Commissioner of Insurance (OCI), State of Wisconsin, participated in the examination:

Name	Title
Amy Wolff	Insurance Financial Examiner
Randy Milquet	Insurance Financial Examiner - Advanced

Respectfully submitted,

Sonja M. Dedrick
Examiner-in-Charge

ADDENDUM 1

Network Health Plan currently contracts with the following clinics and physicians:

Academic Maternal Fetal Medicine SC	Central WI Radiation Oncology
Advanced Audiology & Hearing Aid Service	Central Wisconsin Anesthesia Associates SC
Advanced Foot Care	Charles R Heron MD SC
Affinity Medical Group	Chaussee Chiropractic
Agnesian Healthcare Inc	ChiroPlus Complementary Healthcare Center
	CHN Association Family Phys Of Berlin And Wautoma
Akhtar Md, Masood-WI Arrhythmia Assoc Ltd	Chris J Hansen DDS SC
Albert A Gadowski MD	Community Emergency Services SC
Allergy & Asthma Assoc Sc	Community Eyecare Inc
Allied Health Of Wisconsin	Community Health Network
AmeriPath Milwaukee SC	Consulting Surgeons Of
Anderson Family Chiropractic	Corey W Wesner DPM SC
Anderson Vision Center Ltd	Corr Opticians Inc
Anesthesia Associates Ltd	D K Tannan MD
Anesthesia Services Appleton	Darboy Family Chiropractic
Anesthesia Services of the Fox Valley – St. Agnes	Darboy Vision Clinic
Anesthesia Services of the Fox Valley – Wild Rose	David A Felton MD SC
Anesthesiology Assoc Ltd-Physicians Accounting Srv	David E Johanknecht
Angell Oral Surgery Assoc Ltd	David K Schneider DC
Appleton Eye Clinic	David Resen Pathology Services SC
Appleton Plastic Surgery Center SC	David Z Friedberg MD SC
Associates In Plastic Surgery	Davis & Castillo, SC
Associates In Plastic Surgery SC	Davison & Associates, Dr Rick
Aymond Laser Vision Correction SC	Denis J Pleviak MD
Back-In-Action Physical Therapy	Dental Assoc Ltd-Fox Valley
Bauer Physical Therapy	Dermatopathology of Wisconsin SC
Bay Area Nephrology SC	Detert Chiropractic Office
Beaver Dam Chiropractic Clinic – Fox Lake	Doctors Park Physicians
Beaver Dam Orthopedic Clinic – Beaver Dam	Donald P Ruck OD
Belville Fletcher Chiropractic Office SC	Door County Emergency Physicians LLC
Boots Chiropractic & Wellness	Dr Thomas J Zweifel SC
Bosma Chiropractic	Duffy Chiropractic, Inc
Bradley N Lemke MD LLC dba Lemke Facial Surgery	Ear, Nose & Throat Specialists of Wisconsin, SC
Broadway Vision Center	Ear, Nose And Throat Surgical Associates SC
Butte des Morts Pathology SC	Edwin L Downing MD Ltd
Calumet Medical Center	Eggert Family Eye Care LLC
Cardiac Rhythm Specialists SC	End of the Trail
Cardiology Assoc Of Green Bay	Eye Care Centers of Wisconsin SC
Carlos Yu MD	
Central WI Orthopedic And Sports Medicine Clinic	

Eyecare Center Of Chilton
 Eyemart Express
 Faces Eye Wear
 Family Chiropractic Center
 Family Chiropractors
 Family Foot Clinic Sc
 Family Health Care Clinic
 Fond du Lac Pathology Consultants Ltd
 Fox Lake Chiropractic Clinic
 Fox Valley Hematology And Oncology
 Fox Valley Infectious Diseases MD
 Fox Valley Neonatology SC
 Fox Valley Nephrology Partners
 Fox Valley Plastic Sur/Sc
 Fox Valley Surgical Associates
 Geetha Murthy MD SC
 Great Lakes Genetics Sc
 Great Lakes Plastic Surgery
 Green Bay Anesthesia Associates SC
 Green Bay Emergency Physicians LLC
 Green Bay Radiology Sc
 Green Lake Medical Clinic
 Greenville Chiropractic
 Greenville Chiropractic Inc
 Greg F Jensen OD LLC
 Griebenow Eye Care SC
 Guler Chiropractic Center
 Gundlach Chiropractic SC
 Haanen Zilisch Smith Chiropractic Clinic LLC
 Habighorst Chiropractic Sc
 Heart Care Associates LLC
 Her-Lang Tu MD
 Holy Family Memorial Inc

 Hospital Diagnostic Svc a div of Card Assoc
 IHC - Kenosha Radiology LLC
 IHC - St Nicholas Emergency Physicians LLC
 Insight Health Associates
 Jean H Schott MD SC
 Jean Sundstrom dba Sterling Optical
 Jeffrey Marsh OD
 Jeffrey P Andreini MD
 John S Boyle MD SC
 Jorgensen Schulz & Assoc
 Joseph E Pilon MD

Joseph J Schlaefer OD
 Kagen Dermatology Clinic
 Karen R Hill MD
 Kathryn A Green MD
 Kaukauna Clinic Sc
 Kensington Chiropractic Sc
 Kevin S Myers
 Kimberly Eye Clinic Inc
 Kirtida Ringwala
 L Thomas Rozum MD
 Lakeside Neurocare Ltd
 Larson Eye Care Sc
 LaSalle Surgery Center
 Lens Crafters
 Lois J Jacobs MD PhD
 Maiman Chiropractic Inc
 Marilyn M LaCrosse MD
 Marion Scholz MD
 Mark A Ebben OD LLC
 Marsho Family Medical Group Sc
 Mary M Rajala MD SC
 Mary McDonald MD
 Matthews Oncology Associates SC
 Mclaughlin MD, Jeffrey
 Mercy Medical Center
 Michael J Perlmutter MD
 Miller Chiropractic
 Ministry Medical Group Inc
 Mohan Peter MD SC
 Nelson Family Clinic LLC
 New London Family Medical Center
 North Shore Radiology Assoc
 Northeast Wi Retina Assoc
 Northeast Wisconsin Center For Surg & Rehab Of Hand
 Northeast Wisconsin Vision
 Occupational Health Systems Of Wi Inc
 O'Connor Chiropractic SC
 Oncology Alliance SC
 Ophthalmic Surgery Of Wis Ltd
 Optometric Srvs Sc
 Oral & Maxillofacial Surgical
 Oral Surgery Associates
 Orthopedic & Spine Therapy of Brillion SC
 Orthopedic & Spine Therapy of Clintonville SC

Orthopedic and Spine Therapy	Sheboygan Ear Nose & Throat
Orthopedic Specialists SC	Sheboygan Internal Med Assoc
Oshkosh Allergy Center	Sheboygan Lung Specialists SC
	Sheboygan Oral & Maxillofacial-Phys Health Network
Oshkosh Chiropractic Center	Sheboygan Orthopedic Assoc
Oshkosh Orthopedics SC	Sheboygan Surgical Associates
Pathology Physicians Ltd	Sheboygan Urology Specialists SC
Paul D Mandel MD	
Peter S Jerome MD Stephen B Wilson MD dba Fox Valley Chest Consultants SC	Sheboygan Women's Health
Peter Timmermans, MD	Shopko Stores Inc
Plaza Podiatry Associates LLC	Shoreline Skin Specialists SC
Preferred Chiropractic SC	Spectacular Visions Ltd
Prevea Clinic	Spine Therapy Center of Menasha SC
Prevea Regional Services	Spine Therapy Center of Oshkosh SC
Radiation Oncology	Spine Therapy Center Sc
Radiation Oncology Specialists SC	St Elizabeth Hosp dba Affinity Behavioral Health
Radiology Assoc Of Appleton	St Elizabeth Hospital
Radiology Associates Of Beaver Dam	St Michaels Hospital
Radiology Associates Of Fox Valley SC	St Nicholas Hospital of the Hospital Sisters
Radiology Fond du Lac Ltd	St Nicholas Radiology SC
Raether Chiropractic Office	St Vincent Hospital
Randall J Schultz MD SC	Stephen T Erickson MD
Randy J Wild OD	Steven L Wolfington
Randy T Theiler	Strong Chiropractic Office Sc
Retina & Vitreous Consultants Of Wi Ltd	Sullivan Eye Center SC
Richard E Ames OD	Szymanski Chiropractic SC
Richard McMahon DO	The Medical College of Wisconsin Inc
Ripon Medical Center	The Neuroscience Group of NE WI, SC
Riverside Medical Center	ThedaCare Physicians
Robert Hausserman MD	Thomas A Elson DBA Sterling Optical Co
Robert L Peterson MD	Thomas M Farley MD SC
Roger G Klettke MD	Timothy G Wells MD SC
Roger Wilson OD	Todd W Wild OD SC
Rogers & Nelson Surgical Associates SC	Tricia A Lorenz DO SC
Rosendale Chiropractic Office LLC	Tri-County Chiropractic SC
Rouse & Associates Chiropractic Clinic	Twin Cities Dermatopathology
Ryan D Haus DC	University Dental LLC
Sandra Landwehr Optometrist	UW Hospitals & Clinics
Scherer-Habighorst Family Chiropractic SC	UW Medical Foundation
Schubbe Family Chiropractic	UW Systems
Schubbe Resch Chiropractic Clinic & Physical Therapy	
Seymour Family & Sports Chiropractic	Valley Anesthesia Associates
Seymour Family Medicine	Valley Eye Associates
Shapiro Orthopedic Clinic LLC	Valley Neuro Microneurosurgery SC
Shapiro Orthopedics SC	Valley Vision Clinic Sc
	VB Anesthesia

Ver Voort Chiropractic
Vision Care Assoc Inc
Waupaca Chiropractic Center
Waupaca Chiropractic Center, Inc
Waupaca Eyecare Center, Inc.
Waupun Chiropractic Center SC
Waupun Memorial Hospital
Wautoma Eye Clinic SC
Wepner Chiropractic Office SC
Weyauwega Family Medicine SC
WI Rehab Medicine Prof Sc
Wild , Randy J
Wild Rose Community Memorial Hospital Inc
William E Hannon
William L Trager MD
William Wagner MD
Winnebago Oral Surgery SC - Oshkosh
Winnebago Oral Surgery SC - Neenah
Wisconsin Oculoplastics LTD
Wisconsin Vision Inc
Womens Care of Wisconsin SC
Yeomans Edinger Chiropractic Center SC